

Gibson Area Hospital
Auxiliary Health Careers Scholarship
And
Arthur and Ane Jensen Noland
Family Scholarship Fund Trust
The William & Viola Garrett Scholarship Fund
The Cristina Medrano Scholarship
2011

SCHOLARSHIP APPLICATION

Please print or type. All blanks must be completed. Use NA where not applicable.

Personal Information

1. Full Name _____

2. Social Security Number _____

3. Present Address _____

Street

City

Zip

Telephone

Permanent Address _____

Street

City

Zip

Telephone

4. Birth Date _____ Marital Status _____

Spouse's Name _____

Dependents (age & relationship) _____

Educational Information

1 a. What is your professional goal? _____

b. What is your course of study? _____

Present academic level? _____

- c. What is your cumulative grade point average? _____
- 2 a. What school will you attend this Fall? _____
- b. Full or part-time _____
- c. Expected graduate date _____
- d. If part-time, specifically what else will you be doing? _____

3. Residence plans: Dormitory _____ Home _____ Other _____

4. List in chronological order all schools attended beyond elementary school, addresses and degrees or diplomas granted.

Name	Address	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. What honors (academic or otherwise) have you received and when?

Occupational Information

1. In what health or science related fields or activities have you been involved, for recreation, as a volunteer, or as an employee?

6. Below, list your resources and anticipated expenses for the coming school year.

RESOURCES (Estimated per academic year)		EXPENSES (per academic year)	
Parents	\$ _____	Tuition & Fees	\$ _____
Friends/relatives	_____	Room	_____
Personal savings	_____	Board	_____
Employment	_____	Books/supplies	_____
Loans	_____	Transportation	_____
Other (specify)	_____	Personal/other	_____
Scholarships,	_____		
Grants, etc.	_____		
1. Received	_____		
2. Applied for	_____		
TOTAL	\$ _____	TOTAL	\$ _____

AS PART OF YOUR APPLICATION, PLEASE SUBMIT THE FOLLOWING:

- 1) At least two letters of reference, selected from teacher, counselor employer, supervisor or clergy. Have letters sent to: Susan Walker, Auxiliary Scholarship Chairman, 538 Hager Ct., Gibson City, IL 60936
- 2) Profile of yourself, stressing factors relevant to your occupational choice and goals. Qualifications you feel you have to pursue your education for your chosen profession. Limit to one typewritten page.
- 3) An official high school and/or college transcript. To be sent directly as described in #1.
- 4) Official proof of acceptance (if not currently enrolled) from the educational institution you will attend.

CONSENT FOR RELEASE OF INFORMATION

“I hereby consent to the release of any information in connection with the forgoing that in the sole judgment of the Gibson Area Hospital Auxiliary Scholarship Committee may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Gibson Area Hospital Auxiliary Scholarship Committee is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose.”

Signature of Applicant _____

Date Completed _____

DEADLINE FOR RECEIPT OF APPLICATION IS MARCH 15, 2011.

NOTIFICATION TO SCHOLARSHIP RECIPIENTS WILL BE MADE PRIOR TO APRIL 15, 2011.